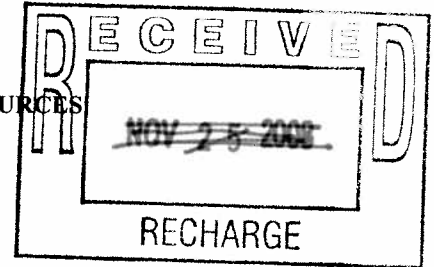


ARIZONA DEPARTMENT OF WATER RESOURCES  
Water Management Division  
3550 North Central Ave, 2<sup>nd</sup> Floor  
Phoenix, Arizona 85012-2105  
Phone (602) 771-8585 Fax (602) 771-8689



**APPLICATION FOR A RECOVERY  
WELL PERMIT (§ 45-834.01)**

APPLICATION FEE OF \$ 50.00 PER WELL FOR  
THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL  
THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS  
NOTICE AND PUBLICATION FEES TO BE DETERMINED,  
ARE DUE PRIOR TO ISSUANCE OF PERMIT.

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE  
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

FOR OFFICE USE ONLY	
Application No.:	74-564545.0005
Date Received:	12-4-08

1. Name of Applicant: CITY OF GOODYEAR, ARIZONA  
4980 South 157<sup>th</sup> Avenue Goodyear, AZ 85338  
Mailing Address City State Zip  
Contact Person DAVID IWANSKI Telephone 623-882-7062 Fax 623-882-7588
2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located PHOENIX ACTIVE MANAGEMENT AREA  
WEST SALT RIVER VALLEY SUB-BASIN
3. Name of the owner(s) of the land where wellsites are located CITY OF GOODYEAR  
Mailing Address 4890 South 157<sup>th</sup> Avenue Goodyear, AZ 85338  
(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).  
water Planning Areas (WPAs)
4. Legal description of the land where water will be used 2, 3 and 4. (see attached map)  
(quarter/quarter/quarter/section, township and range)
5. The recovered water will be used for delivery pursuant to our service  
area right.

Note the City also owns well 12B 55-588625

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. \_\_\_\_\_  
or long-term storage account number. 74-564545.0004

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

well  
Number

12

Name of Well Owner	Well Registration Number	Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
COG	55-516698	NW1/4, NE1/4, NE1/4, 23, 1N, 2W	1200			1936	

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: 1/4, 1/4, 1/4, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. \_\_\_\_\_  
 or long-term storage account number. 74-564545.0004

7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

well  
number

11

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
Gonzalez Estrella Partnership	55-501892		800	400	20	1290	4-14-82

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), DAVID C. IWANSKI, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

623-882-7062  
Telephone

David C. Iwanski  
Signature of owner or authorized agent

WATER RESOURCES MANAGER  
Title

4980 South 157th Avenue Goodyear AZ 85338  
Mailing Address City State Zip

STATE OF ARIZONA )  
County of MARICOPA ) ss.

Subscribed and sworn to before me this 25 day of Nov, 20 08.

Janet LeBlanc  
Notary Public

1-16-08  
My commission expires:

